

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 11-28-01 and 1-9-02.
- b. The request was received on 5-20-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs/Reaudits
 - d. TWCC 73 dated 11-28-01
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-26-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-1-02. The response from the insurance carrier was received in the Division on 7-15-02. Based on 133.307 (i) the insurance carrier's response is untimely.
3. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated June 12, 2002:

"Exception code used by the insurance carrier for date of service 11/28/01 (99080-73) work status report (73) indicates that the work status report (TWCC 73) was not properly completed or was submitted in excess of the filing requirements, therefore, reimbursement is denied per Rule 129.5. The response to our request for reconsideration indicated the same reason ... The work status report for date of service 11/28/2001 was properly completed by Dr. ____ in accordance to Rule 129.5... Exception code used by the insurance carrier for date of service 01/09/2002 (99080-RR) copies of medical records submitted to Dr. ____ (RME) indicates that per Rule 133.1 requires the submission of legible supporting documentation, therefore, reimbursement is denied. A copy of our superbill indicating that 311 pages of medical records and clinical notes were submitted

to Dr. ____ for an RME that was scheduled on 01/15/02 at 9 a.m. for Mr. ____ was attached to our claim as convincing evidence.”

2. Respondent: Letter dated 7-12-02:
The response was not timely and consequently not eligible for review.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 11-28-01 and 1-9-02.
2. The Carrier has denied the disputed codes as reflected on the EOBs as, “F – Rule 133.1 requires the submission of legible supporting documentation, therefore, reimbursement is denied”; “73 – F – The work status report (TWCC 73) was not properly completed or was submitted in excess of the filing requirements, therefore, reimbursement is denied per Rule 129.5.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11-28-01	99080-RR-73	\$15.00	\$-0-	F	\$15.00	TWCC Rule 129.5; CPT Descriptor	<p>The Carrier has denied the disputed service as “F”.</p> <p>Documentation does not support the TWCC 73 was filed in accordance with the Rule 129.5. No documentation was noted to confirm that a change in work status or substantial change in activity had occurred, nor was there any indication that the carrier had requested the report.</p> <p>The form itself appears to be completed correctly, however, the circumstances for the filing of the report cannot be determined.</p> <p>Therefore, no additional reimbursement is recommended.</p>

1-9-02	99080	\$155.50	\$-0-	F	DOP	MFG; General Instructions (A); TWCC Rule 133.106; TWCC Rule 126.5 & 126.6; CPT Descriptor	<p>The Carrier has denied the disputed service as "F".</p> <p>The provider has indicated in their position statement that copies of clinical notes and medical records were submitted for an RME that was scheduled.</p> <p>TWCC Rule 133.106 reflects that a \$.50 per page fee may be assessed for required reports or clinical notes. The provider has submitted a copy of their bill. The bill itself verifies the number of pages copied.</p> <p>However, Medical Review has no documentation to support the provider's charges. The rules that govern RMEs do not indicate that the treating doctor is required to send medical records to the RME doctor.</p> <p>Therefore, no reimbursement is recommended.</p>
Totals		\$170.50	\$-0-				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 31st day of October 2002.

Lesia Lenart
 Medical Dispute Resolution Officer
 Medical Review Division

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